Case: 4:14-cv-00383-NAB Doc. #: 2 Filed: 02/27/14 Page: 1 of 3 PageID #: 70

## **RECEIVED**

## FEB 2 7 2014 UNITED STATES DISTRICT COURT BY MAILEASTERN DISTRICT OF MISSOURI

Josepl	h Harden,	)		
Petiti	loner			
VS.		) ) Ca	ase No	
Micha	el Bowersox,	) )		
Respon	ndent	) ) ) )		
	MOTION TO PROPERTY AND AFFIDAVIT I	OCEED IN FORMA N SUPPORT H	PAUPERIS ABEAS CASES	
-	Joseph Harden			
of my believ	e (1) that I am the peti poverty I am unable t re I am entitled to re are briefly stated as	o pay the filing lief. The naturation	ng fee and (3) that	: I
In fur questic	ther support of this ons	application,	I answer the follo	wing
So 25	ce of confinement of pouth Central Correction 55 W. Hwy. 32 Locking, MO 65542-9069			
each Robbe	ne(s) for which you haven': First Degree Murderery, Armed Criminal Activity without parole, 10 years.	, Armed Crimin	al Action, First D d on 3/29/2008 to:	
3. Are	you presently employe	d?	Yes No <u>X</u>	_
a.	If the answer is ''yes wages per month and employer.			
	N/A			

200 pe:		and rece d rec	he ans the ar ived.	nount	of	the	sala	arv	and	wa	aes	рe	r mo	onth	whi	ch	vou
4.		Have you received within the past twelve (12) months, from any of the following sources?										ey s					
	Busi	Business profession or form of self-employment?							<u></u>	_	No X						
	Rent	Rent payments interest or dividends?									_	<u>X</u>					
	Pens	ensions annuities or life insurance payments?								_	_X_						
	Gift	s or	inher	itanc	es?										_X	_	
	Any	other	sour	ces?											_X	_	
	If the answer to any of the above is ''yes n describe the source and amount of money received from each during the past twelve (12) months. Gifts of \$25.00 to \$50.00, from time to time, from mother and father (Barbara and Dennis Harden); and \$8.50 per month "State Tip" from Mo. Dept. of Corr. for hygiene items.										ve rom per						
5.	savi	ou ov ngs a <u>X</u>	n any ccoun No	cash t? In	n or nclud	do de a	you ny f	hav Eund	re m ls i	one n y	y i our	n a pr	ch iso	ecki n ac	ing c	r t.	
			swer i alanc				ate ckin	the ig s	tot avi:	tal ngs	amo	ount pr	of ison	ca: n ac	sh ow coun	ne ts	d, •
6.	other	r val	wn rea uable s and	prope	erty	(ex			ord	dina		hou	seh			,	or
			swer i te val		es	des	scri	be t	che	pro	per	ty	and	sta	ate i	.ts	
					]	N/A											

7. List the persons who are dependent upon you for support state your relationship to those persons and indicate how much you contribute toward their support

N/A

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT PROVIDING FALSE INFORMATION MAY SUBJECT ME TO CRIMINAL PROSECUTION IMPOSITION OF A FINE OR OTHER SANCTION THAT MAY ADVERSELY AFFECT MY ABILITY TO PURSUE THIS CASE OR OTHER CASES. I HAVE REVIEWED MY ANSWERS TO INSURE THEIR ACCURACY

Executed (signed) this

F. GRAEFF

Notary Public - Notary Seal State of Missouri Commissioned for Texas County

My Commission Expires: September 16, 2016 Commission Number: 12342179 I) this  $\alpha$  day of

Signature of petitioner

## Certificate

I certify that the applicant named herein has the sum of on account to his credit at the sum of on account to his credit at the sum of on account to his credit at the institution where he is confined. I further certify that the applicant likewise has the following securities to his credit according to the records of said institution:

Authorized Officer of Institution